

BEST AVAILABLE COPY

| POSITION                  | INITIALS | ID NO.  | DATE    |
|---------------------------|----------|---------|---------|
| FEE DETERMINATION         | D.B.     | 4-17-00 |         |
| O.I.P.E. CLASSIFIER       |          | 48      | 4/26/00 |
| FORMALITY REVIEW          | Q        | 710(FB) | (02/)   |
| RESPONSE FORMALITY REVIEW |          |         |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date     |
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| Final    |          |
| Original | 11/25/02 |
| 1 ✓      |          |
| 2 ✓      |          |
| 3 ✓      |          |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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